

**FORENSIC HEALTHCARE FUNDING – CALL FOR APPLICATIONS: Building Capacity to
Develop and/or Expand Forensic Services**

Forensic Healthcare, Division of Nursing Services, Indian Health Service Headquarters

December, 2022

I. FORENSIC HEALTHCARE FUNDING – CALL FOR APPLICATIONS

Funding opportunity for Federal Indian Health Service facilities to build and/or expand forensic services.

A. Key Dates

Application Deadline Date: February 1, 2023

Earliest Anticipated Start Date: February 17, 2023

Application Technical Assistance (see flyer for more information): January 4th and 10th

B. Background

Forensic Healthcare with the Division of Nursing Services, Indian Health Service Headquarters (IHS/HQ) addresses victimization and promotes the Indian healthcare systems' focus on quality care, treatment, and promotion of life, while respecting the wellness and resilience of American Indian and Alaska Native (AI/AN) people. Enhancing services and access to healthcare, the Forensic Healthcare Funding Opportunity (FHFO) will provide quality, culturally sensitive health promotion and prevention nursing care services for individuals, their families, and communities affected by violence in Native communities. This funding is designed to support building a community's capacity and support forensic program development and/or expansion through training opportunities for healthcare providers, and ensure services such as a medical forensic examination and resources are available to all individuals.

The FHFO promotes development and/or expansion of services based on programmatic needs through an assessment and evaluation to incorporate additional services for communities to promote health, well-being, and prevention of long-term health consequences

following a violent crime. The forensic nurse is a critically positioned role within federally operated IHS facilities, following standards of practice, integrating nursing science, forensic science, and the criminal justice system to ensure patients are receiving optimal care and continued connection to appropriate resources by ultimately meeting community needs¹².

Part 3, Chapter 29 of the Indian Health Manual (IHM), highlights sexual assault policy and the importance of the medical forensic examination. The examination can include, but is not limited to: obtaining the patients consent for services; obtaining a medical history; obtaining an assault history; conducting a head-to-toe physical assessment, which includes collection of evidence using an evidence collection kit; diagnosis based on the examination; screening and treatment for sexually transmitted infections (STIs), Human Immunodeficiency Virus (HIV), pregnancy prevention; and, ensuring appropriate follow-up services and resources are offered. Forensic nurses show competency and demonstrate respect, equity, and empathy for AI/AN patients, their families, and communities, which aligns with the IHS Strategic Plan for FY 2019 – 2023, Goal 1: to ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to AI/AN people, Objective 1.3: increase access to quality health care services. Forensic nurses respect AI/AN patient values, beliefs, and cultural heritage, bridging the gap of racial and ethnic disparities in relation to exposure within the health and legal system. Development and/or expansion of forensic nursing services informs populations, promotes healthy lifestyles, provides early treatment for disease, enhances prevention, and provides early engagement between the patient and the health and legal systems. This development and expansion of forensic nursing services aligns with the IHS Strategic Plan Goal 2: to promote excellence and quality through innovation of the Indian health system into an optimally performing organization, Objective

¹ American Nurses Association and International Association of Forensic Nurses. (2017). *Forensic Nursing: Scope and Standards of Practice*, 2nd Edition. ANA and IAFN.

² “Chapter 29 – Sexual Assault: Part 3.” *The Indian Health Manual (IHM)*, <https://www.ihs.gov/ihtm/pc/part-3/p3c29/>

2.2: to provide care to better meet the health care needs of AI/AN communities. The FHFO will provide necessary funding to enhance the forensic nurses' role and unique scope of practice to support development and/or expansion of critical forensic services.

Forensic services are desperately needed due to the disproportionate victimization rates in AI/AN communities. AI/AN women, men, and those who identify as lesbian, gay, bisexual, transgender, two-spirit, queer and/or questioning, and other sexual orientations and gender identities (LGBTQTQIA+) experience violence at alarming rates and are disproportionately affected by crime compared to other populations within the United States. Individuals who identify as LGBTQTQIA+ experience rates of intimate partner violence similar to, or higher than, non LGBTQTQIA+ or cis-heterosexual individuals³. AI/AN women are 1.2 times as likely as non-Hispanic white-only women to have experienced violence in their lifetime and 1.7 times as likely to have experienced violence in the past year. More than four in five AI/AN women (84.3 percent) have experienced violence in their lifetime, not accounting for generations of historical trauma and oppression. Ninety-six percent of AI/AN women who have been victims of sexual violence were victimized by non-native offenders. Twenty-one percent of women have experienced sexual violence within their race.⁴

It is important to recognize that rates of violence against AI/AN women can vary greatly across Indian Country. On average, 40 percent of women involved in sex trafficking identified as AI/AN⁵. Some health consequences related to sex trafficking include being victims of rape, unwanted pregnancy, contracting STIs, being physically assaulted, traumatic brain injuries, dissociation, Post-Traumatic Stress Disorder, and homicide. Homicide is the third highest cause of death in girls aged 15 to 19 and women 20 to 24⁶, estimating that

³ Bermea AM, Slakoff DC, Goldberg AE. Intimate Partner Violence in the LGBTQ+ Community: Experiences, Outcomes, and Implications for Primary Care. *Prim Care*. 2021 Jun; 48(2):329-337. doi: 10.1016/j.pop.2021.02.006.

⁴ Rosay, André B., "Violence Against American Indian and Alaska Native Women and Men," *NIJ Journal* 277 (2016): 38-45, available at <http://nij.gov/journals/277/Pages/violence-againstamerican-indians-alaska-natives.aspx>

⁵ NCAI Policy Research Center. NCAI. (2016). Human Trafficking: Trends and Responses across Indian Country. Retrieved from <https://www.ncai.org/policy-research-center/research-data/prc-publications>

⁶ Heron M. Deaths: Leading causes for 2019. *National Vital Statistics Reports*; vol 70 no 9. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: <https://dx.doi.org/10.15620/cdc:107021>.

AI/AN women face murder rates more than 10 times the national average⁷. Rates of chlamydia and gonorrhea are four to five times higher in AI/AN populations than non-Hispanic whites⁸. Syphilis and HIV also have disproportionately high impacts on this patient population. In 2018, AI/AN women had the highest syphilis rate at five and a half times the rate among non-Hispanic white females⁹. Statistics alone insufficiently reflect the disparities experienced by AI/AN women and girls.

C. Purpose

The purpose of this funding opportunity is to develop and/or expand access to medical forensic examinations and services within federally operated IHS facilities through a program model which boosts the mission of IHS and focuses on the patient to regain the health and wellness of their lives. The emphasis of the funding is on expanding critical medical forensic services among AI/AN communities, raising awareness of available services and resources, quantifying the use of services, and to support patients to better long term health care outcomes. Quality of care, continuity of care, and assurance of appropriate and timely interventions are also critical. Expanding and enhancing the medical forensic examination and services promotes diagnosis, treatment, and healthier outcomes; education, resources, referral, and safety planning; connection, collaboration, and advocacy resources; and could assist with the investigation and prosecution of a crime. This funding will promote increased access to care, strengthening resources, and decreasing detrimental health consequences for victims of violent crimes.

⁷ Bachman, R., Zaykowski, H., Kallmyer, R., Poteyeva, M., & Lanier, C. (2008). Violence against American Indian and Alaska Native Women and the Criminal Justice Response: What is Known? Document No.: 223691, Washington DC: Department of Justice.

⁸ Lieberman JA, Cannon CA, Bourassa LA. Laboratory Perspective on Racial Disparities in Sexually Transmitted Infections. J Appl Lab Med. 2021 Jan 12; 6(1):264-273. doi: 10.1093/jalm/jfaa163. PMID: 33247907; PMCID: PMC7799034.

⁹ Centers for Disease Control and Prevention. Health Disparities in HIV, Viral Hepatitis, STDs, and TB. Retrieved from: <https://www.cdc.gov/nchhstp/healthdisparities/americanindians.html>

A coordinated multidisciplinary team approach to restoring the life of the patient, maintains a patient focused and inclusive, trauma-informed service, to improve the individuals experience and improve the outcomes of the criminal justice system.

The funding opportunity will be applied in a phased approach, using the forensic nursing process and following the best practices. The Forensic Nursing Scopes and Standards of Practice, 2nd Edition, outlines the nursing process which includes: assessment (e.g., data collection); diagnosis (e.g., analysis of data obtained); outcome identification (based on the status of the individual, but could include safety planning, risk assessment, system-level interventions, or individual verbalizing plan of care, etc.); planning (e.g., promote and restore the individual's health while preventing further injury, harm, illness); implementation (can include coordination with care, health teaching and promotion, collaboration, and using community resources, etc.); and, evaluation (ongoing systematic assessment by the nurse, which is patient-centered, equitable, efficient, and safe based on the patients' needs)¹⁰.

i. Recommended Purpose Areas*:

- Forensic nursing program development and/or expansion to incorporate medical forensic examinations, resources, and follow-up visits for adult, adolescent, pediatric, and/or elderly patients who have been victims of sexual assault, sexual abuse, domestic violence, or intimate partner violence.
- Forensic nursing program development and/or expansion to incorporate medical forensic examinations, assessment, screening, resources, and follow-up visits for patients who have been victims of intimate partner violence, human trafficking, and/or strangulation.
- Forensic nursing program development and/or expansion to incorporate medical forensic examinations, assessment, screening, resources, medications, and follow-up

¹⁰ American Nurses Association and International Association of Forensic Nurses. (2017). *Forensic Nursing: Scope and Standards of Practice*, 2nd Edition. ANA and IAFN.

care for pregnancy prevention, and for patients who might have been potentially exposed to sexually transmitted infections (STIs) and/or Human Immunodeficiency Virus (HIV).

- Forensic nursing program development and/or expansion to incorporate telehealth and teleSAFE capabilities into practice. Including, but not limited to, incorporating a hub site, a spoke site, and equipment needs (all platforms must be reviewed and approved through the Office of Information Technology, prior to use).
- Forensic nursing program development and/or expansion to include training and educational materials for the multidisciplinary team of providers within the IHS federally-operated hospital-based system; and appropriate resources, education, and training materials for patients.
- Forensic nursing program equipment and supply needs:
 - For example: electronic medical forensic charting systems and related equipment which incorporates data storage and security requirements; teleSAFE services and related equipment, which incorporates security requirements; DSLR camera(s) and related equipment; specialized equipment that incorporates photography, data storage, and security requirements; colposcope and related equipment; alternate light source and related supplies; general supplies (e.g., speculums, anosopes, Toluidine Blue Dye (TBD), ABFO rulers, clothing and general supply needs for patients); equipment for storage of supplies; lockers for evidence storage and general maintenance.

*Recommended purpose area can include, but is not limited to, one of the bullets, any combination, or any area not listed above. Program development and/or expansion will also foster necessary training, education, and collaboration with multidisciplinary teams following best practices.

II. FUNDING INFORMATION

A. Funds Available

- i. \$10,000,000 will be distributed over a five-year period to 10 individual facilities, depending on availability of funds, totaling \$200,000 per year.
- ii. A brief continuation application with a progress report and budget narrative will be required for continuation of funding, annually, into the fifth year. Annual yearly funding will be contingent on compliance with reporting requirements and submission and approval of a continuation application.

III. ELIGIBILITY INFORMATION

A. This funding is intended to provide an opportunity for federally-operated IHS facilities to develop and/or expand forensic services.

B. Applications for this funding opportunity must include:

- i. A letter of endorsement for the application from the Area Director or Area Chief Medical Officer, including signature(s) from the facilities Chief Executive Officer, Medical Director and Chief Nurse Executive.

IV. APPLICATION AND SUBMISSION INFORMATION

A. Mandatory documents for all applicants include:

- i. Abstract (one-page limit) summarizing the project.
- ii. Project Narrative (not to exceed 10 pages). See Project Narrative under Requirements for Project and Budget Narratives (page 8) for instructions. The project narrative has two parts and should include background information on the organization, proposed scope of work, objectives, and activities that provide a description of what the applicant plans to accomplish.
- iii. Budget Justification and Narrative (not to exceed five pages). See Budget under Requirements for Project and Budget Narratives (page 10) for instructions.
- iv. One-page projected timeframe chart.

- v. Letter of Endorsement from the Area Director or Area Chief Medical Officer. In the letter of endorsement, include a signature from the facilities Chief Executive Officer, Medical Director and Chief Nurse Executive to show support for and sustainability of the program.
- vi. Organizational chart.
- vii. Identify of all key personnel who will be instrumental to the success of this project, adding both current and expected roles and responsibilities, and include detail of the Senior Sponsor (leadership who are accountable for the success of the program).
- viii. Contractor/Consultant resumes or qualifications and scope of work, as applicable.

B. Requirements for Project and Budget Narratives

i. Project Narrative:

- a. This narrative should be a separate document that is no more than 10 pages and must: 1) have consecutively numbered pages; 2) use black, 12 point font; 3) be double-spaced; and 4) be formatted to fit standard letter paper (8½ x 11 inches).
- b. Succinctly answer all questions listed under the evaluation criteria (refer to Evaluation Criteria, page 11) and place all responses and required information in the correct section noted below or they will not be considered or scored. If the narrative exceeds the page limit, the application will be considered not responsive and will not be reviewed. The 10-page limit for the narrative does not include the work plan, standard forms, budget, budget justifications, narratives, and/or other items.
- c. There are two parts to the narrative: Part 1 – Program Information and Part 2 – Program Planning and Evaluation. See below for additional details about what must be included in the narrative. The page limits below are for each narrative and budget submitted.

Part 1 - Program Information (limit – 4 pages)

Section 1 - Organizational Overview: Provide a brief description of the Federal IHS Healthcare facility and the Tribe(s) served, including the health care delivery system and resources which support patients who have been victims of violent crimes, and are seeking services such as a medical forensic examination.

Section 2 - Needs: Provide any data available to support the need for a forensic nursing program, or the continuation of a program to enhance forensic services, including victimization types and rates in the area, and the number of medical forensic examinations offered, if applicable. If data is not currently available describe in detail how the applicant will obtain or develop this data in the first year of the program. Describe current forensic nursing program activities, how long it has been operating, and what programs or services are currently being provided. Describe how the applicant has determined it has the administrative infrastructure to support the activities to expand forensic nursing services.

Explain previous planning activities the applicant has completed relevant to this or similar goals. Describe any internal relationships or collaborative relationships with multidisciplinary teams and/or subject matter experts to support this activity.

Part 2 - Program Planning and Evaluation (limit – 4 pages)

Section 1 - Program Plans: Describe fully and clearly the direction the applicant plans to take in the forensic nursing program, including plans to demonstrate expanded services and enhanced patient outcomes. Include proposed timelines.

Section 2 - Program Evaluation: Describe fully and clearly the improvements that will be made by the applicant to manage the FHFO and identify the anticipated or expected benefits for the Tribe and AI/AN people served.

Describe fully and clearly the elements of the comprehensive approach to care described in Program Plans that the applicant expects to implement over the

period of performance. Describe the metrics that will be used to assess the achievement of these goals. If the applicant will need to obtain or develop data as an element of this funding, the applicant should indicate that data and describe how that data that will be developed or acquired in the first year.

ii. Budget Narrative (limit – 5 pages)

- a. Provide a budget narrative that explains the amounts requested. The budget narrative should specifically describe how each item will support the achievement of proposed objectives. Do NOT use the budget narrative to expand the project narrative.

iii. Submission Dates and Times

- a. Applications must be submitted to Nicole Stahlmann, Forensic Nurse Consultant (email: Nicole.Stahlmann@ihs.gov) with Division of Nursing Services, IHS/HQ by 11:59 p.m. Eastern Time on the Application Deadline February 1, 2023. Any application received after the application deadline will not be accepted for review.
- b. Applications must be submitted using the IHS Secure Data Transfer Service.

C. APPLICATION REVIEW INFORMATION

Possible points assigned to each section are noted in parentheses. The project narrative and budget narrative should include only the first year of activities. The project narrative should be written in a manner that is clear to outside reviewers unfamiliar with prior related activities of the applicant. It should be well organized, succinct, and contain all information necessary for reviewers to fully understand the project. Attachments requested in the criteria do not count toward the page limit for the narratives. Points will be assigned to each evaluation criteria adding up to a total of 100 possible points. Points are assigned as follows:

i. Evaluation Criteria

a. Introduction and Need for Assistance (5 points)

1. Provide demographic information, prevalence rates of victimization, and baseline data to support the management for the high risk group of patients.
2. Describe how data collection will support the project objectives and how it will support the project evaluation in order to determine the impact of the project. Address how the proposed project will result in health improvements.

ii. Project Objective(s), Work Plan, and Approach (35 points)

a. Goals and Objectives (15 Points)

1. Identify two to three measurable objectives of the program that will demonstrate outcome. Goals/Objectives should be specific with a realistic timeline.

b. Methodology/Activities (20 Points)

1. Describe the activities that will be implemented in the program to meet the objectives. This work plan should be directly related to the objectives.
2. Describe how you will monitor the objectives (e.g., training, chart reviews, data collection tools, etc.).
3. Describe any collaborative efforts with other programs or stakeholders within the local multidisciplinary team.

iii. Program Evaluation (20 points)

Describe the methods for evaluating the project activities. Each proposed project objective should have an evaluation component and the evaluation activities should appear on the program plan. At a minimum, projects should describe plans to

collect or summarize evaluation information about all project activities. Using National Best Practices¹¹, please address the following for each of the proposed objectives:

1. Describe the community assessment activity or results (if available) and what data will be selected to evaluate the success of the objective(s).
2. Describe how the data and other measures will be collected to assess the programs objective(s).
3. Identify when the data will be collected and the data analysis completed.
4. Describe the extent to which there are specific datasets, databases, or registries already in place to measure/monitor meeting objective.
5. Describe who will collect the data and any cost of the evaluation (whether internal or external).
6. Describe where, when, and to whom the data will be presented (only to the extent permitted by law, the data to be reported back to key stake-holders on the progress of the project, especially to inform clients about changes brought about as a direct result of listening to their needs).
7. Address anticipated obstacles to the success of the proposal such as underlying causes and the nature of their influence on accomplishing the objectives.
8. Describe how the community assessment will be used to identify a high risk group of patients.
9. Describe the process that will be used to follow-up on program findings/conclusions.

¹¹ National Protocol for Sexual Assault Medical Forensic Examinations, 2nd Edition ([Adult/Adolescent](#)), and/or National Protocol for Sexual Assault Medical Forensic Examinations - [Pediatric](#).

iv. Organizational Capabilities, Key Personnel, and Qualifications (25 points)

1. This section outlines the broader capacity of the organization to complete the project outlined in the work plan. It includes the identification of personnel responsible for completing tasks and the chain of responsibility for successful completion of the project outlined in the work plan.
2. Describe the organizational structure.
3. Describe what equipment and facility space (e.g., exam space) will be available for use during the proposed program. Include information about any equipment not currently available that will be purchased throughout the agreement.
4. List key personnel who will work on the project.
 - i. Identify staffing plan, existing personnel, and new program staff to be hired.
 - ii. Include position descriptions and resumes for all key personnel.

Position descriptions should clearly describe each position and duties indicating desired qualifications, experience, and requirements related to the proposed project and how they will be supervised.
 - iii. If the project requires additional personnel beyond those covered by the funding (e.g., information technology support, administrative, etc.), note these and address how these positions will be filled and, if funds are required, the source of these funds.
 - iv. If personnel are to be only partially funded, indicate the percentage of time to be allocated to this project and identify the resources used to fund the remainder of the individual's salary.

5. Capability

- i. Briefly describe the facility and user population.
- ii. Describe the organization's ability to conduct program expansion through connection and collaboration with community based resources and partnerships to provide referrals for additional services as needed (e.g., advocacy agencies, victim assistance programs, crisis and/or mental health providers, etc.).

v. Categorical Budget and Budget Justification (15 points)

1. Provide a clear estimate of the forensic nursing program costs and justification for expenses. The budget and budget justification should be consistent with the tasks identified in the work plan. The budget focus should be on expansion of forensic nursing programs and related services.
2. Provide a budget narrative that serves as justification for all costs, explaining why each line item is necessary or relevant to the proposed project. Include sufficient details to facilitate the determination of allowable costs.
3. Provide a succinct description of specific roles and activities of each person involved in the proposed project budget.

vi. Multi-Year Project Requirements

1. Applications must include a brief project narrative and budget (one additional page per year for the next 5 years) addressing the developmental plans for each additional year of the project. This attachment will not count as part of the project narrative or the budget narrative.
2. Additional documents can be included as Other Attachments. These can include:
 - Work plan, logic model and/or timeline for proposed objectives

- Position descriptions for key staff
- Resumes of key staff that reflect current duties
- Consultant or contractor proposed scope of work and letter of commitment (if applicable)
- Organizational chart
- Map of area identifying project location(s)
- Additional documents to support narrative (e.g., data tables, logic model, key news articles, etc.)

vii. Review and Selection

1. Each application will be prescreened for eligibility and completeness by the Division of Nursing Services, Indian Health Service Headquarters. Applications that meet the eligibility criteria shall be reviewed for merit by an Objective Review Committee (ORC) based on the evaluation criteria. Incomplete applications and applications that are not responsive to the administrative thresholds (budget limit, project period limit) will not be referred to the ORC and will not be funded. The applicant will be notified of this determination.
2. Applicants must address all program requirements and provide all required documentation.

viii. Notification of Disposition

1. All applicants will receive an Executive Summary Statement from the Forensic Nurse Consultant with the Division of Nursing Services, Indian Health Service Headquarters within 30 days of the conclusion of the ORC outlining the strengths and weaknesses of their application.
2. Approved applications not funded due to lack of available funds will be held for one year.

3. If funding becomes available during the course of the year, the application may be reconsidered.

V. FUNDING ADMINISTRATION INFORMATION

A. Reporting Requirements

- i. **Progress Reports:** Program progress reports are required semi-annually. The progress reports are due within 30 days after the reporting period ends. These reports must include a brief comparison of actual accomplishments to the goals established for the period, a summary of progress to date or, if applicable, provide sound justification for the lack of progress, and other pertinent information as required. The progress reports should include an expenditures report. A final report must be submitted within 90 days of the end of the five-year performance period.

Continuation of funding in the prior year of the performance period will be contingent on compliance with reporting requirements.

- iv. **Data Collection and Reporting:** The awardee will participate in periodic (not more frequently than monthly) web-based calls with the Forensic Nurse Consultant or designee and the other awardees as well as grantees of the FHFO to share their progress, experience, tools, and resources that might be useful for other awardees and grantees. The awardee will be expected to work with the Forensic Nurse Consultant to develop a driver diagram (an action-oriented logic model) that describes the comprehensive approach to care and services for patients who have been victims of violent crimes and identify key performance metrics based on the evaluation plan from the forensic nursing program.

The awardee will be expected to share the tools, resources, reports, and presentations produced that may support the expansion of forensic nursing programs.